

EXHIBIT 2

2840945536



Northern Trust

DEPOSIT ACCOUNT SIGNATURE CARD

☒ New ☐ Replaces Card Dated: _____Date 6-18-2013☐ Additional Signers (Non-Personal Ownership Use Only)Multiple Cards 1 of 2

Account Number(s): Deposit ¹ <u>2840-945-536</u> <small>Enter additional account numbers opened on the same day with identical ownership. Check box(s) below to identify secondary account(s) for Debit or ATM Card:</small> <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Deposit _____	Card Selection Personal Accounts: <input type="checkbox"/> Classic Debit Card <input type="checkbox"/> Gold Debit Card (\$10,000 minimum account balance required) <input type="checkbox"/> ATM Card	Account Title: GENDER LITIGATION TRUST AGREEMENT David Broser and Lance Harris, Trustees
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¹Primary account for Debit Card must be a Checking product.Total Number of Signers on Account: 2ONE Signature Required for Withdrawal Unless Indicated: 2 Special Remarks: _____

NOTE: Signature Restrictions are ONLY allowed on Non-Personal Accounts by Authority through the Account Resolution OR on Personal Accounts by Legal Appointment.

Ownership Categories — Consumer Purpose: (select one) <input type="checkbox"/> Single-Party Account (Individual) <input type="checkbox"/> Single-Party Account with Pay-on-Death (POD) <input type="checkbox"/> Trust — Separate Agreement <input checked="" type="checkbox"/> Fiduciary <input type="checkbox"/> Other _____		<input type="checkbox"/> Joint (Multiple-Party) with Right of Survivorship <input type="checkbox"/> Joint (Multiple-Party) with Right of Survivorship and Pay-on-Death (POD) <input type="checkbox"/> Joint (Multiple-Party) Tenants in Common	Ownership Categories — Business Purpose: (select one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Ltd Partnership/Ltd Liability Partnership/Ltd Liability Ltd Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Organization, Association, Lodge <input type="checkbox"/> Other _____
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By signing below, the undersigned account holder(s) agree to the terms of the Bank's account agreements, rules and regulations, as amended from time to time. Further, the undersigned individuals authorize the Bank to obtain consumer reports on them.

NOTE: Convenience Signers (FL, IL, NY, TX), Attorneys in Fact, Delegated Trustees Do Not Sign the Deposit Account Signature Card. These agents sign the specific form that appoints their authority by an account owner.

Signature: <u>[Signature]</u> Print Name: <u>DAVID BROSER</u> Address: <u>104 WEST 104TH ST-19 FL - NEW YORK, N Y 10018</u> ID Type/No: <u>REDACTED</u> Place Issued: <u>NEW YORK</u> Issue Date: <u>2-29-12</u> Exp. Date: <u>3-6-2020</u> Home Phone: _____ Work Phone: <u>212-682-1000</u> Email Address: _____ Personal Identifiers: Mother's Maiden Name: <u>REDACTED</u> Employer/School Attended: _____	<input type="checkbox"/> Check if use of facsimile signature is authorized (Separate authorization required) <input type="checkbox"/> Online Access for Personal Accounts using Private Passport (Online access requires Email Address and Mother's Maiden Name completed below) <input type="checkbox"/> Debit Card _____ Social Security No: <u>REDACTED</u> Date of Birth: <u>3-6-1966</u> Occupation: _____
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Signature: _____ Print Name: <u>LANCE HARRIS</u> Address: <u>575 LEXINGTON AVENUE-10TH FL-NEW YORK, NY 10022</u> ID Type/No: _____ Place Issued: _____ Issue Date: _____ Exp. Date: _____ Home Phone: _____ Work Phone: _____ Email Address: _____ Personal Identifiers: Mother's Maiden Name: _____ Employer/School Attended: _____	<input type="checkbox"/> Check if use of facsimile signature is authorized (Separate authorization required) <input type="checkbox"/> Online Access for Personal Accounts using Private Passport (Online access requires Email Address and Mother's Maiden Name completed below) <input type="checkbox"/> Debit Card _____ Social Security No: _____ Date of Birth: _____ Occupation: _____
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Additional Comments: _____

Bank Use Only: Completed By Name: _____ Primary Account Officer Name: _____

Member FDIC • Equal Housing Lender

Deposit Account Signature Card — Page 1 (Revised 3/2013)

CONFIDENTIAL

NTC000001

Complete online and obtain physical signatures in blue or black ink. Facsimile signatures are not allowed.

2840945536



Northern Trust

DEPOSIT ACCOUNT SIGNATURE CARD

☒ New ☐ Replaces Card Dated: _____

Date 6-18-2013

☐ Additional Signers (Non-Personal Ownership Use Only)Multiple Cards 2 of 2

Account Number(s): Deposit: 2840-945-536 Enter additional account numbers opened on the same day with identical ownership. Check box(s) below to identify secondary account(s) for Debit or ATM Card: <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Deposit _____ <input type="checkbox"/> Deposit _____	Card Selection Personal Accounts: <input type="checkbox"/> Classic Debit Card <input type="checkbox"/> Gold Debit Card (\$10,000 minimum account balance required) <input type="checkbox"/> ATM Card	Account Title: GENDER LITIGATION TRUST AGREEMENT David Broser and Lance Harris, Trustees
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NOTE: Convenience Signers (FL, IL, NY, TX), Attorneys in Fact, Delegated Trustees Do Not Sign the Deposit Account Signature Card. These agents sign the specific form that appoints their authority by an account owner.

Signature: [Signature] ☐ Check if use of facsimile signature is authorized (Separate authorization required)
☐ Online Access for Personal Accounts using Private Passport (Online access requires Email Address and Mother's Maiden Name completed below)
☐ Debit Card _____ Social Security No: _____
 Print Name: DAVID BROSER Date of Birth: _____
 Address: 104 WEST 104TH ST-19 FL - NEW YORK, N Y 10018 Occupation: _____
 ID Type/No: _____ Place Issued: _____ Issue Date: _____ Exp. Date: _____
 ID Type/No: _____ Place Issued: _____ Issue Date: _____ Exp. Date: _____
 Home Phone: _____ Work Phone: _____ Email Address: _____
 Personal Identifiers: Mother's Maiden Name: _____ Employer/School Attended: _____

Signature: [Signature] ☐ Check if use of facsimile signature is authorized (Separate authorization required)
☐ Online Access for Personal Accounts using Private Passport (Online access requires Email Address and Mother's Maiden Name completed below)
☐ Debit Card _____ Social Security No: REDACTED
 Print Name: LANCE HARRIS Date of Birth: 8-23-1966
 Address: 575 LEXINGTON AVENUE-10TH FL-NEW YORK, NY 10022 Occupation: _____
 ID Type/No: REDACTED Place Issued: NEW YORK Issue Date: 8-9-12 Exp. Date: 8-23-20
 ID Type/No: _____ Place Issued: _____ Issue Date: _____ Exp. Date: _____
 Home Phone: _____ Work Phone: 212-833-0993 Email Address: _____
 Personal Identifiers: Mother's Maiden Name: REDACTED Employer/School Attended: _____

Additional Comments: _____

Bank Use Only: Completed By Name: _____ Primary Account Officer Name: _____

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Deposit Account Signature Card – Page 1 (Revised 3/2013)

2840945536



TRUST AUTHORIZATION AND AGREEMENT

The Northern Trust Company

700 BRICKELL AVENUE
MIAMI, FLORIDA 33131

Financial Institution

GENERATOR LITIGATION TRUST AGREEMENT

Account Information (optional)

By signing below the undersigned certify and agree that they are the Trustee(s) of a trust created by: ARIE GINGER
AND ONLY GINGER

6-18-2012 (referred to as "Trust" in the rest of this document) (dated)
The beneficiaries of this Trust are (check one) ☐ named in the Trust documentation on file ☒ are as follows: Not on File

If indicated, any Trustee named below (subject to any written restrictions) is authorized to (indicate A, B, C and/or D):

N/A (1) Exercise all of the powers listed in (2) through (9).
A,B (2) Open any share or deposit account(s) in the name of this Trust including, but not limited to, accounts such as share draft, checking, savings, certificates of deposit, or term share certificates.
Number of authorized signatures required for this purpose 2

A,B (3) Endorse checks/share drafts and orders for the payment of money and withdraw funds on deposit with this Financial Institution.

Number of authorized signatures required for this purpose 2

N/A (4) Borrow money on behalf and in the name of this Trust, sign, execute and deliver promissory notes or other evidences of indebtedness.

Number of authorized signatures required for this purpose N/A

N/A (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by this Trust as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest, notice of intent to accelerate, notice of acceleration, and notice of non-payment.

Number of authorized signatures required for this purpose N/A

N/A (6) Enter into written lease for the purpose of renting and maintaining a Safe Deposit Box in this Financial Institution.

Number of authorized persons required to gain access and to terminate the lease N/A

N/A (7) Designate in writing changes to authorized signers on a Deposit Account or agents on a Safe Deposit Box.

Number of authorized signatures required for this purpose N/A

N/A (8) To enroll in and appoint users for Northern Trust online financial services.

Number of authorized signatures required for this purpose N/A

N/A (9) Other

Number of authorized signatures required for this purpose N/A

Any of the Trustee(s) named below are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on this authorization and agreement subject to any restrictions stated in this authorization and agreement.

The undersigned certify that they have full power and lawful authority to provide this authorization and agreement and agree to the terms and conditions on pages 1 and 2.

☐ If checked, this document must be signed in the presence of a Notary who will complete the notary section on page 2.

Trustee (A) DAVID BROSE
X [Signature] Dated _____
Address 104 WEST 104TH STREET - 19TH FLOOR
NEW YORK, NY 10018

Phone (w) _____ (h) _____

Trustee (C) _____
X _____ Dated _____
Address _____

Phone (w) _____ (h) _____

Trustee (B) LANCE HARRIS
X [Signature] Dated _____
Address 575 LEXINGTON AVENUE - 10TH FLOOR
NEW YORK, NY 10022

Phone (w) _____ (h) _____

Trustee (D) _____
X _____ Dated _____
Address _____

Phone (w) _____ (h) _____

FOR FINANCIAL INSTITUTION USE ONLY

Authorization and agreement completed and effective (date) _____

By _____ for the Financial Institution.